

Application Data Sheet

Application Information

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| Application number:: | |
| Filing Date:: | 10/22/03 |
| Application Type:: | Continuation |
| Subject Matter:: | Utility |
| Title:: | BALLOON CATHETER |
| Attorney Docket Number:: | 021186-001520US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | No |
| Suggested Drawing Figure:: | 8A |
| Total Drawing Sheets:: | 9 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.:: | No |

Applicant Information

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|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | JOHN |
| Family Name:: | MILLER |
| City of Residence:: | Redwood City |
| State or Province of Residence:: | CA |
| Country of Residence:: | US |
| Street of Mailing Address:: | 603 Vera Avenue |
| City of Mailing Address:: | Redwood City |
| State or Province of mailing address:: | CA |
| Postal or Zip Code of mailing address:: | 94061 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MARTIN
Family Name:: DIECK
City of Residence:: Cupertino
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 21105 Hazelbrook Drive
City of Mailing Address:: Cupertino
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MARIA
Family Name:: ABOYTES
City of Residence:: East Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2249 Clarke Avenue
City of Mailing Address:: East Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RYAN
Middle Name:: K.
Family Name:: PIERCE
City of Residence:: Mountain View

State or Province of Residence:: CA
Street of Mailing Address:: 728 Calderon Avenue
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94041

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

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| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of | 10/085,589 | 02/28/02 |
| 10/085,589 | Continuation-in-part of | 09/892,349 | 06/26/01 |

Assignee Information

Assignee Name:: Concentric Medical, Inc.
Street of mailing address:: 1380 Shorebird Way
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94043